WYOMING DEPARTMENT OF HEALTH Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.



YOUR RIGHTS

When it comes to your protected health information, you have certain rights.

Get an electronic or paper copy of your protected health information -- You must make the request in writing. Ask us how to do this.

Ask us to correct your protected health information -- You must make the request in writing. Ask us how to do this.

Request confidential communications -- You can ask us to contact you in a specific way, for example, home or office phone, or to send mail to different address. You must make this request in writing.

Ask us to limit what we use or share -- You can ask us not to use or share certain protected health information for treatment, payment, or our operations.

Get a list of those with whom we've shared information -- You can ask for a list (accounting) of the times we've shared your protected health information for six years prior to the date you ask, who we shared it with, and why. You must make the request in writing. Ask us how to do this and about reasonable, cost-based fees depending on the frequency you ask for the list.

Get a copy of this privacy notice -- We will promptly provide you with a paper copy.

Choose someone to act for you -- If you have given someone medical power of attorney or if you have a legal guardian, that person can exercise your rights and make choices about your protected health information. We will make sure the person has this authority and can act for you before we take any action.



OUR REPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised your privacy or security.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: https://www.hhs.gov/hipaa/for-individuals/guidance-

materials-for-consumers/index.html



YOUR CHOICES

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

• Share information with your family, close friends, or others involved in your care or payment for care. Share information in a disaster relief situation. Include your information in a hospital directory. Contact you for fundraising efforts -- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health and safety.

In these cases, we never share your information unless you give us written permission:

• Marketing purposes; Sale of your information; Most sharing of psychotherapy notes

Run our

health

services

organization

OUR USES & DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Example: A doctor sends us We can use your health Manage information about your information and share it with other treatment diagnosis so we can arrange professionals who are treating you. you receive

> We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether you qualify for Medicaid, CHIP, or other government health

We use protected Example: health information about you to manage your treatment and services and develop better services for you.

additional services.

programs.

We can use and share your Bill for your protected health information to bill services and get payment from health plans or other entities. for your services.

Pay for your We can use and disclose your protected health information as we pay for your health services.

We may disclose your protected **Administer** health information for health plan (government health programs) your plan administration.

Example: We give information about you to your health insurance plan, so it will pay

Example: We share information about you with your health plan to coordinate payment for your services.

Example: We may share information about you with our contracted health plans to better manage your plan.

How else can we use or share your health information?

We can share protected health information about you in situations such as:

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect
- Reducing a serious threat to anyone's health or safety

Do research

law

We can use or share protected health information for health research.

We will share protected health information about you if Comply with the state or federal laws require it.

Respond to organ donation requests

We can share protected health information about you with organ and tissue procurement organizations.

Work with a medical examiner or funeral director

We can share protected health information with a coroner, medical examiner, or funeral director when an individual dies.

Address worker' compensation, law enforcement, and other government requests

We can use or share protected health information about you:

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies authorized by law
- For special government functions

Respond to lawsuits and legal actions

We can share protected health information about you in response to a court or administrative order, or subpoena.

File a complaint if you feel your rights are violated:

This notice is administered by the Wyoming Department of Health, Office of Privacy, Security, and Contracts (OPSC). You can complain to the WDH, Office of Privacy, Security, and Contracts if you feel we have violated your rights by sending a letter to 401 Hathaway Building, Cheyenne, WY 82002; calling (307) 777-7656; or emailing <u>WDH-</u> HIPAA@wyo.gov. Our privacy contact or a program specialist will work to respond to you as soon as we are able.

You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

We will not retaliate against you for filing a complaint.



Wyoming Department of Health

More stringent laws

Please be aware that these more stringent protections apply to us for specific components at specific times. We will ensure to apply these more stringent protections to your protected health information, as relevant.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our website at https://health.wyo.gov/admin/privacy/.

Your Information. Your Rights. Our Responsibilities.